AMENDMENT TRANSMITTAL LETTER					Docket No. 3449-0477PUS1
Application No.		Filing Date		Examiner	Art Unit
10/534,489 - C	onf. #7114	May 11,	2005	M. A. Armand	2814
pplicant(s): Sur			N METHOD 1	THEREOF	MI AAA *********************************
mmissioner for O. Box 1450 exandria, VA 22 ransmitted here the fee has been	313-145 with is an ame				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	CLAIM	S AS AMEN	DED	***************************************
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- =		Х	0.00
Independent Claims	1	. 2		х	0.00
Multiple Dependent Claims (check if applicable)					0.00
Other fee (please specify):					0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
Please char A duplicate	lifee is required ge Deposit Acc copy of this she	ount No0 et is enclosed)2-2448 j	Small Entity	
	credit card. Fo			0.000	
	r is hereby auth			Deposit Account No.	02-2448
x Credit a	ny overpaymen	it.			
X Charge a James T. Eller, Attorney Reg. N	<u>Elli, J</u> jr J	ng or applicatio	n processing t	ees required under 37 Dated:	
	RT, KOLASCH & Road, Suite 100 3 22040-0747				